CVS Committee:
Evidence-based programs for underserved victims

A report by the Criminal Justice Analysis Center at the Governor's Crime Commission

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The following document is intended to be a research guide for the Crime Victims' Committee members as they make grant funding decisions in the state of North Carolina regarding traditionally underserved victims. Ideally, the state wants to fund programs and services that will effectively help our citizens. Such programs need to be supported by objective data demonstrating the extent to which they are helping the victims in the state. Wherever possible, existing evidence-based programs (EVPs) should be faithfully replicated. If no evidence-based programs are available, only programs with solid evaluation plans should be funded, so that North Carolina may itself ascertain effectiveness. The following summary chart demonstrates what the staff of the Criminal Justice Analysis Center found regarding underserved victims. As can be seen, some underserved victim groups have already been well researched and evidence-based programs are available. Other victim groups do not have this kind of data available.

Table 1.
The findings of the Criminal Justice Analysis Center on various underserved victims' topics.

Underserved victim group/topic	Do evidence-based programs (EBPs) exist?	Do EBPs currently exist in North Carolina?	Do other programs exist in North Carolina?
Elderly victims	No. Some promising programs	No. Some promising programs.	Yes
Victims with disabilities	No. Some promising programs	No	Yes
Trafficking victims	No. Some promising programs	No	Yes
Immigrant population	No. Some promising programs	No	Yes
Children (trafficking)	No	No	No
Victims of gangs	No	No	No
Children (family violence – DV/witness)	**Yes**	No	No
Teen dating violence	**Yes**	**Yes**	**Yes**
Adolescents (school/campus)	**Yes**	**Yes**	**Yes**
Adolescents (bullying/cyberbullying)	**Yes**	**Yes**	**Yes**
LGBTQ	No	No	Yes

Elderly Victims

Prevalence of issue

In 2011, 19.1% of the total population of North Carolina was 60 and over. Currently, 53 counties had more people over the age of 60 than age 0-17 in the state. In 2031 this number is projected to increase to 86 counties (N.C. Division of Aging and Adult Services, 2012). With this increase in numbers also comes an increase in the cases of self-neglect, caretaker-neglect, abuse, and exploitation of older adults in the state.

Adult Protective Services (APS) of North Carolina has seen increasing numbers of calls regarding elder abuse over the last few years. In 2009, the Division of Aging and Adult Services (DAAS) surveyed all county Departments of Social Services (DSSs) to ask them about the impact of the increasing number of calls regarding elder abuse. They found that 67% of the county DSSs had seen an increase in the number of first-time APS cases and 51% were seeing increases in the number of repeat APS cases. These increases were coming at a time when 51% of the county DSSs were experiencing reduced funding and another 15% expected a reduction in funding in the next six months (DAAS, 2009). Since 2009, the number of calls has only continued to increase.

Have any evidence-based programs been created?

Wilson, Ratajewicz, Els and Asirifi (2011) discuss two approaches: Family Care Conferences and Interdisciplinary Abuse Teams. Family Care Conferences are defined as "an elder-focused, family-centered, community based intervention for the prevention and mitigation of elder abuse" (Bernard, 2013). Research studies on Family Care Conferences suggest that they could stop the abuse with the added benefit of increasing awareness of elder abuse and strengthening the support network of the abused elder, which again ensures that abuse will not continue (Wilson et al, 2011).

Another approach is for community nurses, other health professionals, and other community leaders to work together to place Interdisciplinary Abuse Teams in primary care clinics and hospital emergency departments. The teams would be trained to spot elder abuse and coordinate all of the short and long term resources to assist the victim (Wilson et al, 2011). The Ohio Elder Abuse Task Force put together an Elder Abuse Interdisciplinary Team Manual[1] in 2004, thoroughly discussing how to assemble such a team, the composition of the team, and even including sample letters and worksheets for each step of the process.

Ultimately, both of these approaches need further program evaluations to be conducted. Neither can be considered "evidence-based" at this point in time, just promising.

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[1] This manual can be found here: http://oacbha.org/wp-content/uploads/2009/07/iteammanual.pdf

Are any programs (EBP, or otherwise) in use in North Carolina?

The National Center on Elder Abuse recognizes three programs in North Carolina:

Help, Incorporation: Center Against Violence: Domestic violence/sexual assault agency offers direct services to elderly and disabled clients: crisis intervention, advocacy, case management, home visits, emergency shelter with handicap accessibility, coordination of multidisciplinary elder abuse team, professional trainings, and in-services trainings to healthcare providers.

Strategic Alliances for Elders in Long Term Care (SAFE in LTC): Multidisciplinary taskforce created to raise awareness about and address the issue of crimes committed in long term care facilities against elderly and disabled. The taskforce is the creator of a multi module written curriculum (training manual) entitled *Investigating Crimes in Long Term Care Facilities - Voiceless Victims*. This training manual was created for law enforcement investigators and detectives. The taskforce conducts the three day training at the two North Carolina Justice Academy training sites on a regular basis and at other locations and subject matter on special requests.

UNC Hospitals Beacon Child and Family Program: The program provides services to victims of abuse, including elder abuse. Provides training to healthcare providers to identify abuse, obtain appropriate history, complete assessment and make referrals. Beacon also coordinates referrals with other agencies.

Though these programs mention that some evaluation has been done and their models have been replicated across the state, no substantial data report could be located by the CJAC to undertake a thorough examination of their methods. Therefore, effectiveness remains unclear.

Summary

- There are no evidence-based programs for elder abuse victims, but a few are promising.
- Further data is needed on the performance of the three North Carolina programs.

Crime Victims with Disabilities

Prevalence of issue

Nationally, just shy of 923,000 disabled persons, 12 years and older, are victims of non-fatal violent crime each year (Bureau of Justice Statistics, 2012). In fact, the rate of violent victimization for persons with disabilities (48 per 1,000 persons with disabilities) was more than twice the rate among persons without disabilities (19 per 1,000 persons without disabilities) for 2011. In 2011, the average annual age-adjusted rate of serious violent victimization for persons with disabilities (22 per 1,000) was more than three times higher than that for persons without disabilities (6 per 1,000). More specifically, for females with disabilities, the rate of violence was

53 per 1,000 in 2011, compared to 17 per 1,000 for those without disabilities. The rate of violence for males with disabilities was 42 per 1,000 in 2011, compared to 22 per 1,000 for males without disabilities. Roughly 57 percent of nonfatal violent crime against persons with disabilities involved victims who had multiple disability types (hearing, vision, cognitive, ambulatory, self-care, independent living). According to latest U.S. Census estimates, among the civilian non-institutionalized population, there are an estimated 786,000 disabled individuals under 65 years residing in North Carolina. Assuming the national rate of victimization, it is estimated there are over 33,000 violent crimes committed each year against this population in North Carolina. Statewide, 761 disabled individuals received shelter services in FY 2011-12 (N.C. Council for Women, 2013).

Have any evidence-based programs been created?

Unfortunately, a review of literature fails to demonstrate any evidence-based programs that serve this population; however there have been several **promising** programs identified by the National Organization for Victim Assistance:

- **Abused Deaf Women's Advocacy Services (ADWAS)** – Located in Seattle, Washington, Abused Deaf Women's Advocacy Services, is a support agency for deaf, deaf-blind, and hard-of-hearing victims of domestic violence. The agency empowers deaf and deaf blind survivors of domestic violence, sexual assault and harassment to transform their lives. ADWAS provides comprehensive services to individuals and families, including community education, advocacy on systems and policy issues, and housing. An evaluation by The Seattle Project (2010) explains how the program has set the standard for best practices in serving this population. Additionally, it is noted how the program collaborates well with partnering agencies, while maintaining their financial stability in a down economy.
- **Domestic Violence Initiative (DVI)** – Located in Colorado, DVI is dedicated to the survival and safety of people with disabilities and their children who are victims of domestic violence, sexual assault, caregiver abuse, elder abuse and stalking. The organization provides access to advocacy, information, support and safety planning too.
- **Barrier Free Living, Inc. (BFLI)** – Located in Harlem, NYC, Barrier Free Living empowers individuals with disabilities to live independent, dignified lives free of abuse. The program provides counseling, advocacy, and innovative support groups to people with disabilities who have experienced domestic violence. Additionally, the agency provides supportive and transitional housing and shelter for those who are in need.
- **The L.E.A.D. Institute** – Located in Missouri, The L.E.A.D. Institute provides leadership through education, advocacy, crisis intervention services, counseling and other direct services for deaf, hard-of-hearing, deaf blind, and late deafened victims, survivors, and their families, and the communities in which they live. Providing domestic violence and sexual assault services including crisis intervention to deaf victims of domestic violence from skilled victim and court advocates, a toll-free, 24-hour crisis hotline for deaf victims of crimes to call for assistance, outpatient counseling for all deaf victims of

crimes and their families and advocacy for shelters and agencies when they need support in their communities.

Are any programs (EBP, or otherwise) in use in North Carolina?

The CJAC was unable to determine if any evidence-based programs are being used in North Carolina. However, a survey of community based domestic violence programs in the state showed that of the respondents, 99 percent had served at least one woman with a physical or mental disability in the preceding 12 months (Chang, Martin, Moracco, Dulli, Scandlin, Loucks-Sorrel, Turner, Starsoneck, Dorian, Bou-Saada, 2003). Most respondents (94%-99%) reported that their programs were either somewhat able or very able to provide effective services and care to women with disabilities. There remain uncertainties about the existence of programs that serve this specific population.

Summary

- There are no evidence-based programs for crime victims with disabilities, but several programs in other states are promising.

Underserved Victims of Crime: Human Trafficking Victims

Prevalence of issue

Research has shown that human trafficking is a rising problem across the United States (Richard, 1999). The North Carolina Coalition against Human Trafficking (NCCAHT) (2013) Web site notes that North Carolina ranks in the top eight states in the country for trafficking in persons. This is primarily due to its strategic location on the Eastern Seaboard, the number of major interstate highways traversing the state, the large agricultural economy, the number of military installations and the number of ports located in the coastal region (NCCAHT, 2013).

The prevalence of human trafficking in N.C. is not known at this time. The Polaris Project's National Human Trafficking Resource Center has received 361 calls from North Carolina for information and services through the third quarter of 2012. In 2011, the agency received a total of 326 calls, up from 190 received in 2010 (National Human Trafficking Resource Center, 2013). The increase in the number of calls indicates both an increasing awareness and the increasing presence of human trafficking in the state. Because there is no dependable data on the magnitude of trafficking, there is no reliable way to determine how many victims or perpetrators are involved in trafficking (Pennington, Ball, Hampton & Soulakova, 2009). Potocky posited that estimates of the number of individuals trafficked may actually be overstated (2011). Either way, if there is no reliable estimate of the number of people affected by or involved in human trafficking, there is no way to respond to it effectively (Tyldum, 2010).

Estimates of the number of people around the world victimized by human traffickers range from a high of 2.5 million to 600,000 to 800,000 annually, with approximately 14,500 and 17,500 thought to be trafficked in the United States (Clawson, Dutch, Salomon, Goldblatt-Grace, 2009; International Labor Organization, 2005; Potocky, 2011; United Nations Office on Drugs and Crime, 2009; U.S. Department of State, 2012). However, fewer than 2,000 victims have been identified in this country since 2000 (Mattar & Van Slyke, 2010). This problem creates another, in that if victims cannot be identified, the perpetrators cannot be identified either (Farrell, et al. in Mattar & Van Slyke, 2010). Overall, the scope of the human trafficking problem in North Carolina and the United States cannot be determined due to the stigma of offenses related to trafficking (i.e. prostitution or illegal immigration) and confidentiality issues related to it (Pennington, Ball, Hampton & Soulakova, 2009; Richard, 1999).

One way of tracking victims of human trafficking is the number of T-visas issued. T-visas are designated specifically for victims of human trafficking that are willing to assist law enforcement officials in the investigation and prosecution of human trafficking offenders. The number has increased every year since 2005, when 113 T-visas were issued compared to 674 issued during 2012. According to the U.S. Citizenship and Immigration Services, 175 T-visas had been issued as of December 31, 2012, three months into the federal fiscal year. In 2013, 10,122 U-visas were issued to victims of crime who experienced physical or mental abuse as a result of a crime. The U-visa was developed to provide law enforcement agencies with additional abilities to prosecute cases of domestic violence, sexual assault, trafficking of aliens, and other crime victims, while also helping them to better serve victims. While U-visas may include victims of human trafficking, they also include other victims of crime as well (U.S. Citizenship and Immigration Services, 2013a). A maximum of 5,000 T-visas can be issued in a year. If that cap is met, victims are placed on a waiting list. Those on the waiting list are given priority for visas in the following year (U.S. Citizenship and Immigration Service, 2013b).
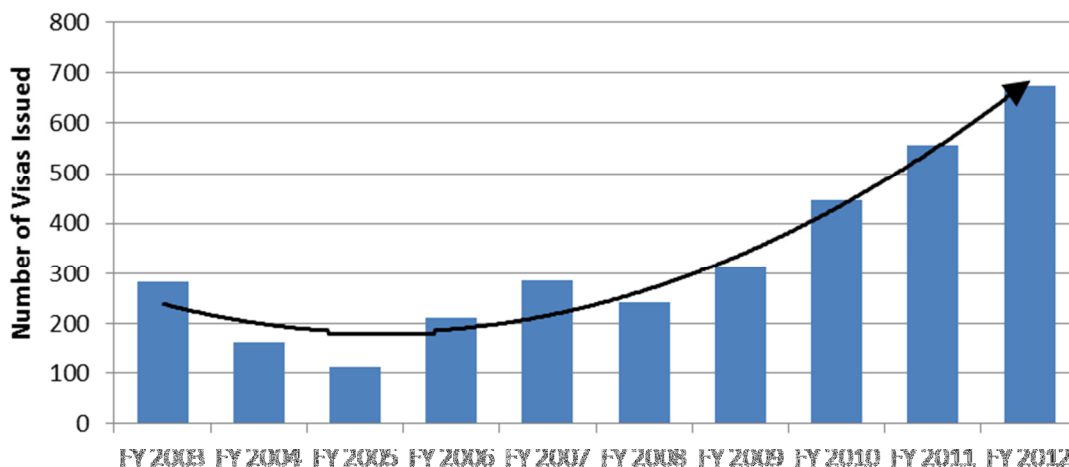
Note: Federal fiscal years begin October 1 and end on September 30 of each calendar year.

Figure 1. Victim T-Visas Approved by U.S. Citizenship and Immigration Service, 2003-2012.

In an attempt to obtain more concrete data, the Criminal Justice Analysis Center surveyed 393 sheriff's offices and police departments across North Carolina. Responses were received from 121 agencies for an overall response rate of 30.1 percent. Survey questions concentrated on the occurrence of human trafficking in each jurisdiction, protocols, investigations training and support services. Of those agencies responding, 24.8 percent were sheriff's offices and 75.2 percent were police departments. Responses were geographically dispersed across the state and represented 54 counties out of the 100 counties. (Note: Offices or departments refer to all responding law enforcement agencies as a whole, whether they were sheriff's offices or police departments.)

Only one agency responded that human trafficking was widespread in their jurisdiction; however, no offenses have been reported in that jurisdiction. Most agencies indicated that trafficking was nonexistent (36.4 %) and that they did not know the extent of trafficking in their area (28.9 %). Just over one-fourth (25.6 %) stated that it was rare, while 8.3 percent said they occasionally encountered human trafficking. Of the agencies reporting, only three (2.5 %) indicated they had a unit specifically dedicated to investigate human trafficking.

Figure 2. North Carolina Counties Reporting Human Trafficking Offenses, 2008-2012 as reported by the Administrative Office of the Courts.
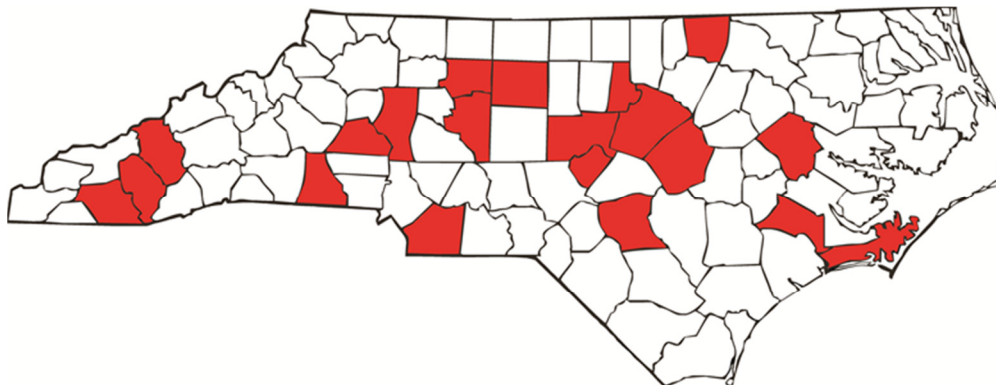
As part of the human trafficking research project, the CJAC requested data from the N.C. Administrative Office of the Courts on arrests specifically related to state statutes addressing human trafficking. The data indicated that for the years 2008-2012, 86 charges related to state statutes covering human trafficking were processed; an average of 21.5 charges for each of the four years (North Carolina Administrative Office of the Courts, 2012). The charges included human trafficking, sexual servitude and involuntary servitude of both child and adult victims. The majority of the reported cases involved children. The question is whether the lack of trafficking charges stems from the limited knowledge of the signs of human trafficking, the covert nature of the environment in which the crimes are committed, the power that traffickers hold over their victims, or because human trafficking is not a significant problem in the state.

Have any evidence-based programs been created?

In 2002, the National Institute of Justice funded an evaluation of services provided to victims of human trafficking through the Office of Crime Victims within the Department of Justice (Caliber, 2007). This services funding stream was called "Services for Trafficking Victims Discretionary Grant Program–Comprehensive Services Sites (Comprehensive Services)." This multi-year evaluation involved multiple evaluation sites and was quite thorough in its research design and outcomes explored.

Several programs assisting trafficking victims have been identified, particularly in Europe. The majority of these programs place an emphasis on removing the individual from the trafficking situation, assessing the needs of the victims, working with case managers to ensure services are provided, making safe secure housing available to victims, assisting victims with vocational training to enable them to provide for themselves and providing immigration assistance for those who need it. The focus is on a multidisciplinary team approach and case management approach. It emphasizes collaboration between the service providers, mental health teams, legal support and law enforcement support. (Pearson, 2002). Barrett (2012) conducted a study of 'National Referral Mechanisms' (NRMs) in place in Belgium and Germany. NRMs are coordinated strategic partnerships between government and nongovernmental organizations that link trafficking victims with services and ensure that victims' rights are protected. They provide a multidisciplinary and cross-sector approach to combating human trafficking, connect victims to comprehensive services and help to improve policy and procedures on a broad range of victim-related issues (Barrett, 2012). It should be noted that no evidence-based study of these programs has been conducted to date.

Due to the effectiveness of their program, the Salvation Army of the United Kingdom with the Republic of Ireland is currently in charge of trafficking victims' relief in the UK. Their approach concentrates on the premise that victims need support to recover. The organization provides unconditional assistance and places them in safe accommodations. They provide access to confidential client-based support services including legal advice, health care, counseling and educational opportunities. During the process case managers conduct a needs and risk assessment and case workers follow through to ensure the implementation of the support and exit plan. The exit plan may include voluntary repatriation to the victim's home country, moving into an independent accommodation or asylum support. The Salvation Army also provides an online e-learning app to educate people about human trafficking and have made available an app for iPhone or Android phones that lists indicators of human trafficking. The organization provides a 24-hour confidential referral helpline to report suspected human trafficking (Salvation Army of the United Kingdom, 2013). Again, while the program appears to show some success, no rigorous evaluation has been conducted, and therefore does not meet the requirements to be called evidence-based.

In sum,

> "There is little literature on effective programs and services specifically for victims of human trafficking. In fact, what is known is limited to a couple of recent studies that examined services for international victims of human trafficking (Bales & Lize, 2004; Caliber Associates, 2007) and anecdotal information from providers and victims. Information from more than a decade of work with victims of domestic violence, prostitution, homeless and runaway youth, and victims experiencing trauma in general provide most of the groundwork that requires further exploration, application, and assessment with victims of human trafficking." From Clawson, Dutch, Solomon, Goldblatt-Grace, 2009.

Are any programs (EBP, or otherwise) in use in North Carolina?

The Governor's Crime Commission has funded one program supporting human trafficking victims in the past. No evaluation of its effectiveness has been done. Several non-profit agencies do provide programs to assist and support victims of human trafficking. While some of the programs contain elements of evidence-based programs in other countries, there has been no evaluation of these programs or their adherence to evidence-based practices. Agencies currently providing services include the Salvation Army, the North Carolina Coalition against Human Trafficking (housed within the N.C. Coalition Against Sexual Assault) and NC Stop Human Trafficking. In reviewing the resource links provided on the Web sites of these organizations, many of them refer to domestic violence or sexual assault shelters. While shelters can provide an immediate reprieve for victims, they may not be prepared to meet the specific needs of trafficked individuals, especially those who are victims of labor trafficking. According to the Polaris Project Web site, only one agency in North Carolina, a domestic violence shelter, provides shelter for trafficking victims (Polaris Project, 2012).

Summary

- There are no evidence-based programs for trafficking victims, but a few are promising.
- An evaluation should be conducted on the GCC funded human trafficking program.

Immigrant Crime Victims

Prevalence of issue

The United States Census Bureau (2012a) estimates that just under 42,000 individuals moved to North Carolina from a foreign country in 2011. Of the state's total population, seven percent, or about 665,000, of the people living in North Carolina, in 2011 were foreign born. Of those born abroad, roughly 222,000, were naturalized U.S. citizens, and an estimated 365,750 (55 percent) entered the country before the year 2000. The remaining forty-five percent entered the country in 2000 or later.
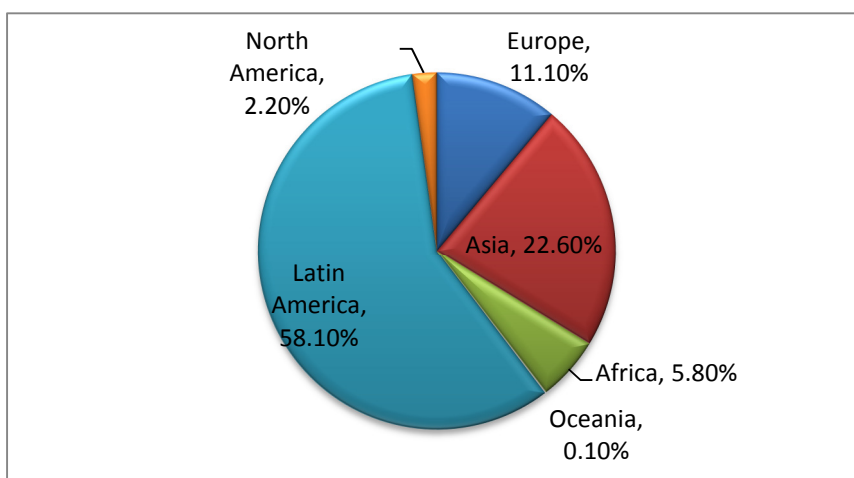
Figure 3. Origin of foreign born residents of North Carolina (U.S. Census Bureau, Housing and Population Narrative Profile, 2011).

According to the Migration Policy Institute (2012), the largest growth in North Carolina over the last decade, in terms of count, has been seen among immigrants born in Latin America (171,564) and Asia (66,764). Of note, while only comprising about six percent of the state's foreign-born population, the number of African-born immigrants has doubled over the last decade with a gain of 20,866 persons.

Table 2
Foreign-Born Population and World Region of Birth (1990, 2000, and 2011) (Migration Policy Institute, 2012).

	1990		2000		2011	
	Number	Percent	Number	Percent	Number	Percent
Foreign-Born Population of North Carolina	110,539	100.0	430,000	100.0	708,350	100.0
Born in Europe	35,764	32.4	60,222	14.0	78,920	11.1
Born in Asia	38,854	35.1	93,133	21.7	159,897	22.6
Born in Africa	**5,269**	**4.8**	**20,369**	**4.7**	**41,235**	**5.8**
Born in Oceania	838	0.8	1,825	0.4	1,018	0.1
Born in Latin America	22,823	20.6	239,853	55.8	411,417	58.1

Born in North America	6,991	6.3	14,598	3.4	15,863	2.2

Immigrant women experience significantly higher rates of both domestic violence and sexual assault (Gonzalez, 2005). According to Orloff (2011), it is estimated that lifetime domestic abuse rates for immigrant women in the U.S. ranges between 33 and 50 percent. Furthermore, Latina immigrant women stay with their abuser longer and have fewer resources leading to more severe physical and emotional consequences of the abuse. Latina immigrant women and girls experience higher rates of sexual assault victimization compared to the national rate (Orloff, 2011). Orloff (1999) also notes that immigrants are more susceptible to violent crime as perpetrators assume these victims will not report the crime to authorities. Furthermore, undocumented immigrant women survivors face challenges beyond those experienced by other women in the US such as isolation in a foreign country, constant fear of deportation, and believing they are at the mercy of their spouse to gain legal status.

On the other hand, a separate study (Wheeler, Zhao, Kelleher, Stallones & Xiang, 2010) notes the prevalence of nonfatal victimization among immigrants is comparable to that of US-born adults. However, the authors note that immigrant workers in farming and forestry industries are at higher risk of victimization when compared to their US-born peers. It appears that early intervention is key in providing appropriate services to immigrants who are victimized. The probability of experiencing intimate partner violence increases rapidly in the early years, peaks in the mid- to late-twenties, and then gradually declines (Yoshihama, 2011; Orloff, 1999).

Have any evidence-based programs been created?

After a review of literature, there are no known evidence-based programs that serve immigrant crime victims specifically. However, it is noted that programs which provide a variety of services such as language classes, employment assistance, driving classes, or that partner with programs offering services, may over time, have a better chance at building that trust. Yoshihama (2011) reports that very few studies have focused exclusively on immigrants or refugees, as opposed to specific population groups identified by race or ethnicity (e.g., Latinas and Asian/Pacific Islanders). The vast majority of literature is descriptive, documenting the prevalence, scope, dynamics, risk protective factors, and consequences of intimate partner violence.

A promising initiative in the Southwestern United States appears to be the Southern Arizona Battered Immigrant Women Project (BIWP) housed under the University of Arizona, Center for Rural Health. BIWP helps to identify and develop resources and provide outreach and training to organizations that interact with immigrant women who may be victims of domestic violence or sexual violence. The project has helped trained thousands of community service providers including law enforcement, health care professionals, educators, victim advocates, legal service providers and community members regarding rights and proper response to victims and survivors. The taskforces have brought together key individuals from multiple sectors of their communities to develop and implement effective mechanisms for coordinated response and

support for immigrant victims of violence, as well as conducting provider training and building awareness regarding battered immigrant women's rights. Most recently, their efforts have culminated in the development of a coordinated community response protocol specifically addressing the unique needs of battered immigrant women.

Are any programs (EBP, or otherwise) in use in North Carolina?

A review of literature fails to demonstrate evidence-based programs in North Carolina that specifically serve immigrant crime victims. However, the CVS committee has funded past projects that serve underserved victim populations. A large portion of awarded grants for the underserved funding priority have been used to support direct services (support, education and advocacy) to Spanish-speaking crime victims. Much of the time, these funds support services that are added on in addition to existing service components of a well-established agency. Although not subjected to evaluation yet, Legal Aid of North Carolina provides comprehensive and culturally appropriate legal services to immigrant survivors of violence needing assistance with immigration through its Battered Immigrant Project (BIP).

Summary

- There are no evidence-based programs for immigrant victims, but one is promising.
- An evaluation is needed of the GCC funded Battered Immigrant Project.

Child Trafficking Victims

Prevalence of issue

The sex trafficking of a minor is known as domestic minor sex trafficking (DMST). It includes activities in the United States involving child sex slavery, child sex trafficking, the prostitution of children, the commercial exploitation of a child or the rape of a child (Shared Hope International, 2013b; Smith, Vardaman & Snow, 2009). As with human trafficking, the extent of domestic minor sex trafficking in North Carolina is not known (Smith, Vardaman, & Snow, 2009). Nationally, most experts suggest there are currently at least 100,000 DMST victims in the United States (Estes & Weiner, 2002; Smith, 2008), with up to 325,000 more at risk for becoming such victims (Estes & Weiner, 2002; Hughes, 2007; U.S. Department of Justice, 2007a). To counter these estimates, Stransky and Finkelhor (2008) noted that there have been a number of attempts to estimate the number of juvenile prostitutes within the United States, ranging from a low of 1,200 to over 2.4 million. Their research indicated that none of the estimates available have a scientific basis, but are "estimates of estimates" and do not have a reliable basis, such as a number of arrests. As they state in their report "The reality is that we do not currently know how many juveniles are involved in prostitution. Scientifically credible estimates do not exist" (Stransky & Finkelhor, 2008).

In North Carolina, the issue is further clouded by the state's juvenile age limit. Individuals aged 16 and older are treated as adults in the criminal justice system, despite being considered as juveniles in other areas until they turn 18. Children are often coerced or recruited into prostitution as a means of survival when running away from home. While many children run away to escape abusive relationships, they can end up in more abusive situations than the ones they fled (U.S. Department of Justice, 2010).

As many as 30 percent of shelter youth and 70 percent of street youth are victims of commercial sexual exploitation (Greene, Ennett, & Ringwalt, 1999). These victims need specialized services that are not widely available. Due to the trafficking experience, they often have acquired sexually transmitted infections, drug addictions, as well as physical, mental and sexual trauma. They also not have strong family or community ties. As a result of the nature of sex trafficking, they develop a dependence on the same people who are responsible for their abuse (U.S. Department of Justice, 2010).

As discussed earlier in the human trafficking discussion, human trafficking is a rapidly growing business. It is currently the third largest criminal enterprise in the world, generating huge profits for both gangs and organized crime syndicates (Belser, 2005; Wyler & Siskin, 2011). According to reports by the Federal Bureau of Investigation, the United States has "its own homegrown problem of Interstate sex trafficking of minors" (2011). The National Center for Missing and Exploited Children (NCMEC) describes the trafficking of minors for sex as a "problem of hidden victims" that is "under recognized and under reported," and therefore difficult to measure. Demand for youth in commercial sex markets is creating large revenue sources for highly violent criminals and criminal networks. Criminal gang activity in the U.S. that has been known primarily for drug trafficking is now expanding to include the lucrative sex trafficking of girls (Smith, Vardaman, & Snow, 2009).

Have any evidence-based programs been created?

There are few programs available for DMST victims. In a report by Shared Hope International, Emma's House in Durham and Hope House in Asheville were two North Carolina-based programs listed (2013a). Linda Smith, former congressional representative and the founder of Shared Hope International, stated in testimony before the Committee on House Judiciary Subcommittee on Crime Terrorism and Homeland Security that shelter and services are essential to the protection and recovery of child sex trafficking victims, but they are not available in most of the country (Smith, 2010). According to Shared Hope International, currently there is no evidence-based program or practice established for victims of domestic minor sex trafficking.

Are any programs (EBP, or otherwise) in use in North Carolina?

There are no evidence based practices currently being used to provide services to domestic minor sex trafficking victims in North Carolina. As stated above, no one program, practice or model of

restorative care has been recognized through evidence-based research (Shared Hope International, 2013a).

Summary

- There are no evidence-based programs for child trafficking victims.

Gang Victims

Prevalence of issue

Utilizing the NC GangNET system managed by the Governor's Crime Commission, North Carolina has 12,627 validated gang members (GangNet, 2013). Commonly used law enforcement ratios would expand this number by a multiplier of three that are non-validated gang members, suspected gang members, or gang associates. This would bring the total of gang involved people to around 50,000 in North Carolina. Nationally the Federal Bureau of Investigation provides that there 1.4 million validated gang members in the United States (National Gang Intelligence Center, 2011). Utilizing the above law enforcement ratio estimator, there are likely around 6 million gang involved people in the country. It is difficult to ascertain, however, how many victims of gangs there are in the state, or in the country.

Have any evidence-based programs been created?

While there are numerous programs designed to prevent, intervene, and suppress gang involvement, there is little done for the victims of criminal gang activities. There is no distinction made for gang crime victimization. These victims are treated as any other victim of a like crime (rape, robbery, homicide, larceny, etc.). Therefore, there are no specialized programs for victims of gangs.

Are any programs (EBP, or otherwise) in use in North Carolina?

One program does seek to alter some of the community harm done by gangs. Graffiti removal programs, operating on the "broken windows theory" (Kelling & Wilson, 1982) seek to eliminate the blight of graffiti. These programs have little evidence that they do more than remove visual indicators of gang activities. These programs exist in all of the larger metropolitan areas in North Carolina and are in some of the smaller communities as well.

Summary

- There are no evidence-based programs specific to gang victims.

Children Who Witness Family Violence/Domestic Violence

Prevalence of issue

In recent years the issue of treating children witnessing domestic violence has drawn a great amount of attention (Child Welfare Information Gateway, 2013). According to the Futures Without Violence program, it is estimated that around 15.5 million United States children live in families in which partner violence has occurred at least once in the past year and over 7 million children live in a home where severe partner violence has occurred (Straus, 1991) . The National Center for Children Exposed to violence estimates that the number of children who actually witness assaults against a parent by an intimate partner is anywhere from 3 to 10 million children throughout the United States each year (Straus, 1992), while UNICEF (2006) estimates that up to 2.7 million are exposed. In terms of children at risk, research shows that partners who are violent are more likely to physically abuse their children. Children exposed to domestic violence are at increased risk of depression, aggressiveness, anxiety, and school performance. Lastly, children exposed to domestic violence are also at risk to repeat their experience in the next generation, either as victims or perpetrators of violence in their own intimate relationships.

Have any evidence-based programs been created?

According to the United States Department of Justice and the United States Department of Health and Human Services (2011), there are many evidence-based programs around the country that aim to intervene and treat children who have been exposed to domestic violence. One of these programs is Big Brothers Big Sisters. This is a child mentoring program whose mission is to provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better. Tierney, Grossman, and Resch (2000) found that children in the program were less likely to initiate drug and alcohol use; less likely to have struck someone in the past 12 months; earned higher grades and skipped less school; greater trust of parents and greater emotional support of peers. Big Brothers Big Sisters is considered an evidence-based program by crimesolutions.gov.

Another promising program aimed to help children is called the Kids Club. The Kids Club is a small group intervention in which children share their experiences and learn they are not alone. Activities focus on displacement of emotions through stories, films, and plays to affect changes in knowledge, beliefs, and attitudes about family violence and emotional adjustment in the face of violence and social behavior within the small group (U.S. Department of Justice & U.S. Department of Health and Human Services 2011). Crimesolutions.gov lists this particular program as just "promising."

Other programs aim to help children and treat children who are facing different forms of adversity, but they are not specifically tailored to specifically serve children who witness domestic violence.

Are any programs (EBP, or otherwise) in use in North Carolina?

Through a review of current literature, it has been revealed that there are no known evidence-based programs that place a heavy emphasis on children who have witnessed domestic violence.

Summary

- There is one evidence-based program that has been used for children that have witnessed domestic abuse, among other issues, and that is Big Brothers Big Sisters.
- The Kids Club program is promising, but cannot be considered EVP.

Teen Dating Violence

Prevalence of issue

Approximately 9 percent of high school students in the United States report being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in the 12 months prior to the survey (Centers for Disease Control and Prevention, 2011). About 1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age (Centers for Disease Control and Prevention, 2010).

In the 2011 Youth Risk Behavior Surveillance System survey, 6.6 percent of male and 12.3 percent of female North Carolina teens reported that they were physically forced to have sexual intercourse (Centers for Disease Control and Prevention, YRBSS, 2012). Additionally, 14.7 percent of male and 13.3 percent of female teens reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend.

Have any evidence-based programs been created?

There is a highly rated evidence-based program on CrimeSolutions.gov called Safe Dates[2]. It has been identified as a Model Program in the National Registry of Evidence-based Programs and Practices (NREPP). From crimesolutions.gov:

> Safe Dates is a school-based prevention program for middle and high school students designed to stop or prevent the initiation of dating violence victimization and perpetration, including the psychological, physical, and sexual abuse that may occur

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[2] You can find more information here: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=142

between youths involved in a dating relationship. The program goals are to change adolescent norms on dating violence and gender-roles, improve conflict resolution skills for dating relationships, promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, encourage help-seeking by victims and perpetrators, and develop peer help-giving skills.

Safe Dates is a copyrighted curriculum; however, it only costs $225 for the curriculum through its publisher[3].

Another promising program that has been implemented, although is not at the level of being evidence-based, is the 4th R Curriculum. The program is given to 9th grade students in a classroom setting. It aims to reduce youth dating violence by addressing youth violence and bullying, unsafe sexual behavior, and substance use (Wolfe, Crooks, Hughes, and Jaffe, 2008). Wolfe, Crooks, Jaffe, Chiodo, Hughes, Ellis, Stitt, and Donner (2009) evaluated the program and found that physical dating violence was higher in the control group (that didn't receive the 4th R Curriculum) versus the experimental group (that did receive the 4th R Curriculum), but only for teens that had not started dating prior to the program. Boys in the experimental group were significantly less likely to engage in dating violence compared to those in the control group after the program.

Are any programs (EBP, or otherwise) in use in North Carolina?

Safe Dates has been used in North Carolina. From Hazelden's documents:

> Safe Dates was the subject of substantial formative research in fourteen North Carolina public schools with eighth and ninth grade students using a rigorous experimental design. The program was found to be effective in both preventing perpetration and in reducing perpetration among teens already using violence against their dates. Adolescents participating in the program, as compared with those who did not, also reported less acceptance of dating violence, stronger communication and anger management skills, less of a tendency to gender stereotype, and a greater awareness of community services for dating abuse.
>
> Researchers studied the same group of students four years after implementation and found that students who participated in the Safe Dates program reported 56 percent to 92 percent less physical, serious physical, and sexual dating violence victimization and perpetration than teens who did not participate in Safe Dates. The program has been found to be equally effective for males and females and for whites and non-whites.

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[3] For more information see here:
http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=38103&sitex=10020:22372:US

Summary

- There is one evidence-based program that has been used for teen dating violence victims with success, and that is Safe Dates.

Adolescents (School/Campus)

Prevalence of issue

State law (GS 115C-12(21) in North Carolina requires Local Educational Agencies (LEAs), or school districts, to report the incidence of 16 criminal acts that occur on school property to the State Board of Education. These crimes include: homicide, assault resulting in serious bodily injury, assault involving the use of a weapon[4], rape, sexual offense, sexual assault, kidnapping, robbery with a dangerous weapon, taking indecent liberties with a minor, assault on school personnel, bomb threat, burning of a school building, possession of alcoholic beverage, possession of controlled substance in violation of law, possession of a firearm or powerful explosive, and possession of a weapon[1]. In the 2011-2012 school year, North Carolina schools reported 11,161 criminal acts (7.63 acts per 1,000 enrolled) that fall in to one of these categories, a decrease in count and rate from the 2009-2010 (11,608 incidents or 7.97 acts per 1,000 enrolled) and 2010-2011 (11,657 incidents or 8.03 acts per 1,000 enrolled) school year. This information is what was reported to and by school officials and does not include acts that were not discovered or reported to school officials.

Although more frightening, data and statistics indicates the biggest threat(s) to school safety and the school environment is not an active shooter situation, but are bullying, fighting, assaults, and weapon carrying. There is no framework that can precisely identify youth susceptible to committing acts of violence; however, the underlying causes of the violent behaviors listed above are addressable through prevention and intervention programs, and additional target-hardening measures.

Have any evidence-based programs been created?

There are many programs, policies and changes that could be implemented to make schools safer. These include, but are not limited to: anti-bullying campaigns, conflict resolution classes, increased access to mental health services, increased supervision, increased security, and changes in environmental design. However, coupled with decreased budget and growing expenses, school systems are finding it hard to fund the more expensive initiatives. Both the Office of Justice Programs (through crimesolutions.gov) and the Institute for Education Sciences (through the What Works Clearinghouse) list evidence-based, best practice programs or interventions that

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[4] A weapons is defined as: "(1) any BB gun, (2) stun gun, (3) air rifle, (4) air pistol, (5) bowie knife, (6) dirk, (7) dagger, (8) slingshot, (9) leaded cane, (10) switchblade knife, (11) blackjack, (12) metallic knuckles, (13) razors and razor blades, (14) fireworks, or (15) any sharp-pointed or edged instrument, except instructional supplies, unaltered nail files, clips, and tools used solely for preparation of food, instruction, maintenance (NC DPI, 2011)."

address bullying, anti-social behavior, and juvenile violence. Table 3 below lists many of the less expensive, evidence-based (3+ studies showing evidence of success) options for school-based interventions.

Table 3
Lower cost, evidence-based programs that could potentially reduce acts school violence.

Program Name	Program Description	Cost	Length of Intervention
First Step to Success	An intervention attempting to reduce anti-social behaviors and increase the use of adaptive behaviors in kindergarteners.	$203 for initial 3 kits ($35/each from there out.	3 months
Positive Action	Intervention that attempts to increase positive behavior by linking positive behaviors to increased positive thoughts about oneself.	~$7750 for a school of 500 youth	Varies
Promoting Alternative Thinking Strategies (PATHS)	Intervention that attempts to increase "emotional and social competencies" and decrease aggression in elementary school students.	~$3000 for counselor kit for grades Pre-K – 6.	36-52 lessons
Steps to Respect	To increase school safety through an intervention addressing bullying and school environment in students grades 3 through 6.	$859 for school-wide implementation for three grades ($259 for each additional grade	12-14 weeks

U.S. Department of Justice. 2012. Crimesolutions.gov

Are any programs (EBP, or otherwise) in use in North Carolina?

The Duke Endowment[5] has endorsed several evidence-based interventions in North Carolina. Their list of them is below.

- **The Incredible Years** is designed to work with parents, children and teachers to prevent, reduce and treat aggression and related conduct problems in children. The Duke Endowment has partnered with the North Carolina Division of Social Services and the North Carolina Division of Public Health to deliver this program to sites in North Carolina.

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[5] These can be found at: http://www.dukeendowment.org/our-work/focusing-on-evidence-based-interventions-for-children

- **Parent-Child Interaction Therapy** is a specific, step-by-step, one-on-one coached behavioral training model for parents of children ages 2-12. The Endowment funds this program through the Duke University Center for Child and Family Health.
- **Strengthening Families Program** teaches parenting skills and life skills to high-risk families with children ages 3-17. The Endowment currently is exploring the best way to support implementation of this program.
- **Multi-Systemic Therapy** is an intensive, home-based intervention for families with 10- to 17-year-olds with social, emotional and behavioral problems. Developed by the Medical University of South Carolina, it is being implemented in North Carolina by several agencies including Youth Villages, a nationally-recognized leader in serving troubled youth and families, Alexander Youth Network and Haven House.
- **Families and Schools Together** is a multifamily group intervention designed to create protective measures and environments for children ages 3-18 and empower parents to be the primary prevention agents for their children. The Duke Endowment is supporting implementation at Elon Homes for Children in North Carolina.
- **Trauma-Focused Cognitive-Behavioral Therapy** is designed for children, adolescents and parents to reduce negative emotional and behavioral responses caused by or related to abuse. This program is being implemented across South Carolina through the Medical University of South Carolina and The Dee Norton Lowcountry Children's Center. In North Carolina, it is being implemented in the state through a partnership with the University of North Carolina at Chapel Hill and the Center for Child and Family Health in Durham.
- **Positive Parenting Program (Triple P)** is a parenting and family support system that helps prevent behavioral, emotional and developmental problems in children. The Duke Endowment currently is exploring the best way to support implementation of this program.
- **Citizen Schools** is an after-school program for middle school students that originated in Massachusetts.
- **Multidimensional Treatment Foster Care** is a model developed in Oregon that is primarily used to provide high-quality treatment foster care to children who are likely to return to their families. The Duke Endowment is supporting implementation at Alexander Youth Network in North Carolina.
- **Big Brothers Big Sisters** is a mentoring program typically for children ages 6 through 13. Two national randomized controlled trials support its impact regarding improved school performance, confidence and relationships with adults and others.

Summary

- Several evidence-based programs have been used to reduce violence in schools, including Positive Action and Steps to Respect.
- The Duke Endowment appears to already play a major role in funding these programs. Perhaps future collaboration with GCC could bolster these programs in the state.

Youth Victims of Bullying and Cyber-bullying

Prevalence of issue

Yes: of the 50 cases filed since N.C. General Statute §14-458.1 was enacted on December 1, 2009, over three-fourths (n=38) of case have involved offenders under the age of 18 years old (P. Tamer, personal communication, April 27, 2012). While overall case numbers are relatively meager, cyber-bullying is an emerging yet underreported issue -- particularly amongst juveniles. A recent report suggests that over 1.52 million students nationwide, between the ages of 12 and 18, reported being victims of cyber-bullying in school year 2008-09. This equates to six percent of the overall student population for that given year. Upon closer examination, roughly 20 percent of student crime victims of theft and/or violence also reported being bullied by electronic means (this includes the Internet, e-mail, instant messaging, text messaging, online gaming, and online communities). In comparison, only 5.5 percent of non-victim students admitted to being cyber-bullied (National Center for Education Statistics, 2011).
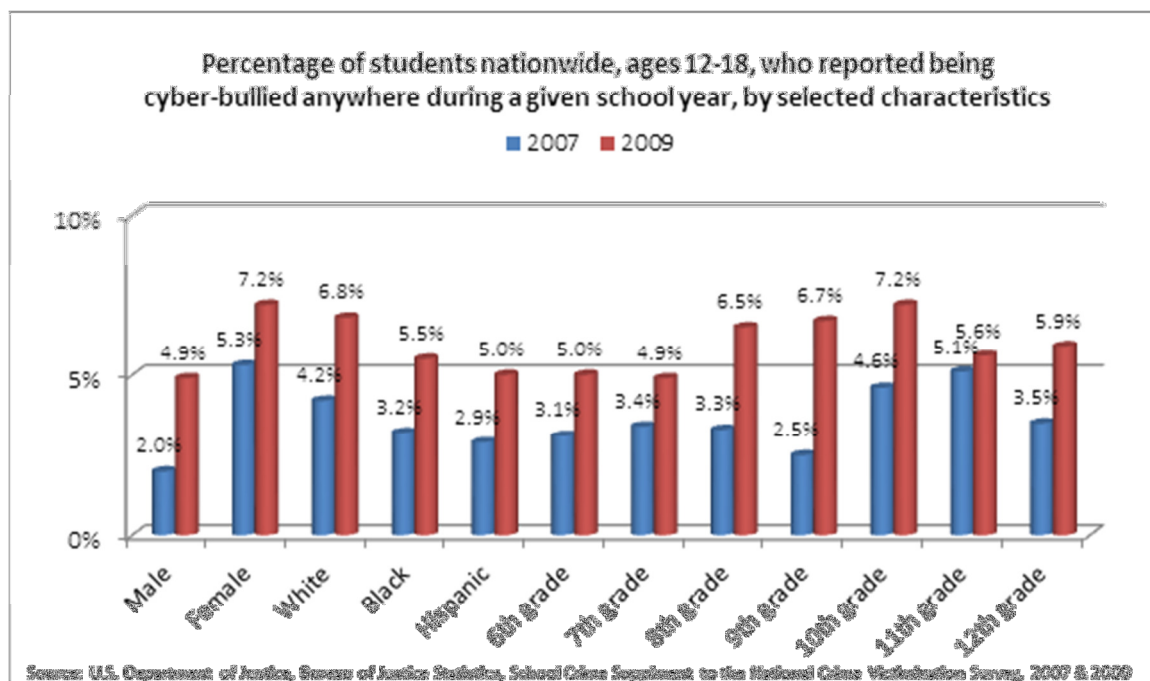

*Figure 4. P*ercentage of students nationwide reporting being cyber-bullied.

For those students, ages 12-18, who reported being cyber-bullied during the 2008-09 school year, roughly two-thirds were victimized only once or twice during the school year. Over 16 percent reported being victimized at least once per month; one in ten was victimized weekly. The remaining 5.6 percent were bullied electronically almost every day. Sadly, only 32 percent of cyber-bullied students choose to notify an adult at school of situations (National Center for Education Statistics, 2011).

A synthesis of peer reviewed articles published prior to the summer 2011 reveals that teen cyber-bullying victimization rates—and for that matter, offending rates— vary greatly. For victimization, rates ranged from a low of 5.5 percent to a high of 72.0 percent. Meanwhile, rates for offending ranged between 3.0 percent and 44.1 percent. The average victimization and offending rates were found to be 24.4 percent and 18.3 percent respectively (Patchin, 2012). Considering the number of students attending North Carolina public schools each day (North Carolina Department of Public Instruction, 2013), using these victimization rates, it is estimated that around 192,644 students between the ages of 12 and 18 experienced some form of bullying during the 2012-13 academic year.

During school year 2009-10, roughly one in five public middle and high schools nationwide experienced problems with cyber-bullying at or away from school at least weekly. For both levels of schools, about 10 percent indicated that the school environment was affected by cyber-bullying. About eight percent of public schools indicated that cyber-bullying took place among students. Schools indicating high levels of cyber-bullying problems tended to have large student enrollments, high proportions of White students, low proportions of students eligible for free or reduced-price lunch, and/or high student/teacher ratios (National Center for Education Statistics, 2011).

Have any evidence-based programs been created?

Steps to Respect is a research-based, comprehensive bullying prevention program developed for grades 3 through 6 by Committee for Children, a nonprofit organization dedicated to improving children's lives through effective social and emotional learning programs. The program is designed to decrease school bullying problems by 1) increasing staff awareness and responsiveness, 2) fostering socially responsible beliefs, and 3) teaching social–emotional skills to counter bullying and to promote healthy relationships. The program also aims to promote skills (e.g., joining groups, resolving conflict) associated with general social competence. In sum, the program is designed to promote a safe school environment to counter the detrimental social effects of bullying (Find Youth Info, 2013).

The Steps to Respect program has been evaluated on three separate occasions. Frey, Karin, Miriam, Van Schoiack–Edstrom, and Snell (2009) conducted a longitudinal extension of a randomized control trial of the Steps to Respect program. Following the first evaluation, Low, Sabina, Frey, and Brockman (2010) evaluated the program's impact on reducing playground relational aggression, as well as the moderating role of normative beliefs and perceived friendship support on changes in aggression and victimization. A third evaluation was conducted by Brown, Low, Smith, and Haggerty (2011) which involved a randomized, controlled trial of Steps to Respect in thirty three California elementary schools. In each of the three evaluations, the Steps to Respect program showed positive results though a decrease in the amount and the intensity of the bullying, though this varied in the size of the effects and by types of bullying behavior.

The KiVa Antibullying Program is a school-based program delivered to all students in grades one, four, and seven. It was designed for national use in the Finnish comprehensive schools and the goal is to reduce school bullying and victimization (Find Youth Info, 2013). As noted on the Find Youth Info website, the central aims of the program are to:

- Raise awareness of the role that a group plays in maintaining bullying
- Increase empathy toward victims
- Promote strategies to support the victim and to support children's self-efficacy to use those strategies
- Increase children's skills in coping when they are victimized

The program is a whole-school intervention, meaning that it uses a multilayered approach to address individual-, classroom-, and school-level factors. The curriculum consists of 10 lessons that are delivered over 20 hours by classroom teachers. The students engage in discussions, group work, and role-playing exercises. They also watch short films about bullying. Each lesson is constructed around a central theme, and one rule is associated with that theme; after the lesson is delivered, the class adopts that rule as a class rule. At the end of the year, all the rules are combined into a contract, which all students then sign (Find Youth Info, 2013).

This program was evaluated by Kärnä, Voeten, Little, Poskiparta, Kaljonen, and Salmivalli (2011) to assess the effectiveness of the program in reducing school bullying and victimization in grades four through six. At the end of the program, students in KiVa schools experienced significantly lower levels of bullying than students in control schools and students in KiVa schools had significantly lower levels of self-reported victimization than students in control schools.

The No Bullying Live Empowered (NoBLE) Program is a Beaumont Children's Hospital program providing integrated education, guidance and support for bullied children and families affected by bullying. They focus on meeting the needs of all youth exposed to bullying; recognizing that victims, witnesses and bullies are all at risk for lifelong problems. One active area of the program development explores innovative ways to partner families, schools and health care providers to help address bullying and its impact (Beaumont Children's Hospital, 2013). This program has not been evaluated.

Are any programs (EBP, or otherwise) in use in North Carolina?

Anti-bullying programs do exist in North Carolina, such as the Bully Expert in Winston-Salem. North Carolina schools have also participated in national anti-bullying campaigns such as Rachel's Challenge (WCNC.com, 2013). Several private entities have partnered with D.A.R.E. in 2008 to create an educational program that provides children, in grades 5 and 6, with the knowledge and tools to respond to a cyber-bullying situation. After one year, results appeared

promising in regards to 1) youth recognition of the importance of notifying adults when victimized, and 2) identifying effective responses to cyber bullying scenarios (Brands, 2009).

A few years ago, the Peaceful Schools North Carolina project was started, using the principles of the Create a Peaceful School Learning Environment (CAPSLE) program to minimize bullying and violence in schools (Peaceful Schools NC, 2013). CAPSLE is implemented as a school-wide intervention, involving all parties within the school system with the teacher leading the implementation. In a randomized, control trial CAPSLE was found to reduce aggression and improve classroom behavior in third to fifth graders in the program (Fonagy, Twemlow, Vernberg, Nelson, Dill, Little, & Sargent, 2009).

The National Registry of Evidence-based Programs and Practices (NREPP) analyzed the quality of the behavioral measures used in CAPSLE, intervention fidelity, and the appropriateness of the analysis completed in the program evaluation. Overall, NREPP[6] gave the CAPSLE program and evaluation an average of a 3.2 score out of 4 (NREPP, 2013).

Summary

- Several programs have been created to combat bullying and cyber bullying. Steps to Respect and KiVa both seem very promising.
- The CAPSLE program being used by the Peaceful Schools North Carolina Project appears to be the most sound.

Lesbian, Gay, Bisexual, Transgender and Questioning Victims

Prevalence of issue

The lesbian, gay, bisexual, transgender and questioning (LGBTQ) population in the United States is estimated at approximately 10,986,991 or 3.5 percent of the total population (10,986,991) (U.S. Census Bureau, 2013). According to Census Bureau estimates, there are approximately 16,582 same sex households in the state (U.S. Census Bureau, 2013). Other estimates place the LGBTQ population in North Carolina at 3.3 percent of the state's population, or 321,818 out of 9,752,073 residents (Gates & Newport, 2013). The number is impacted by those who choose not to report their sexual orientation.

According to the Federal Bureau of Investigations Hate Crime Statistics, 2011 report, 1,293 incidents were reported nationally, with 1,572 reported victims and 1,522 known offenders. Of the crimes reported, 17 occurred in North Carolina during the reporting period (Federal Bureau of Investigation, 2012). It should be noted that this is only a record of offenses reported through the Uniform Crime Reports program and does not take into account those incidents that were not

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[6] Available here: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=313

reported through the system. Figure 1, below, shows the proportion of offenses, and includes 23 incidents against bisexual individuals.
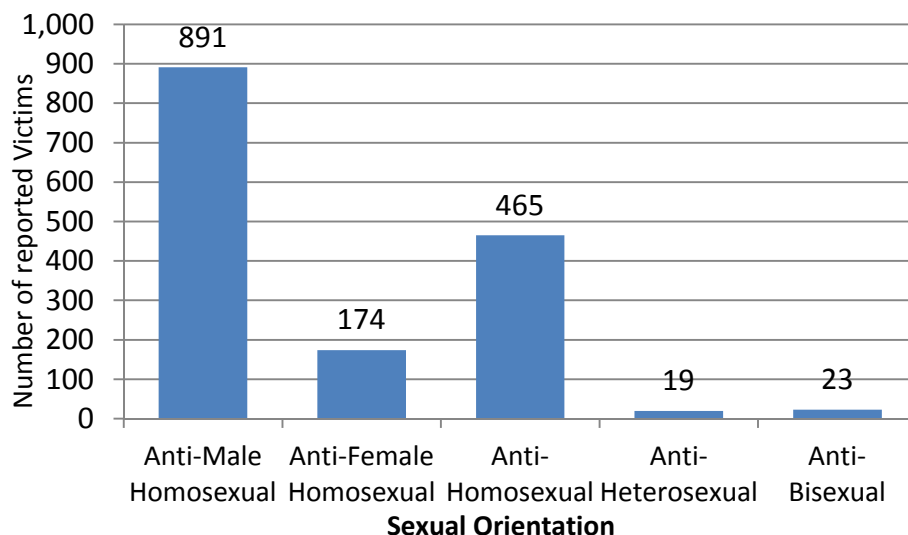

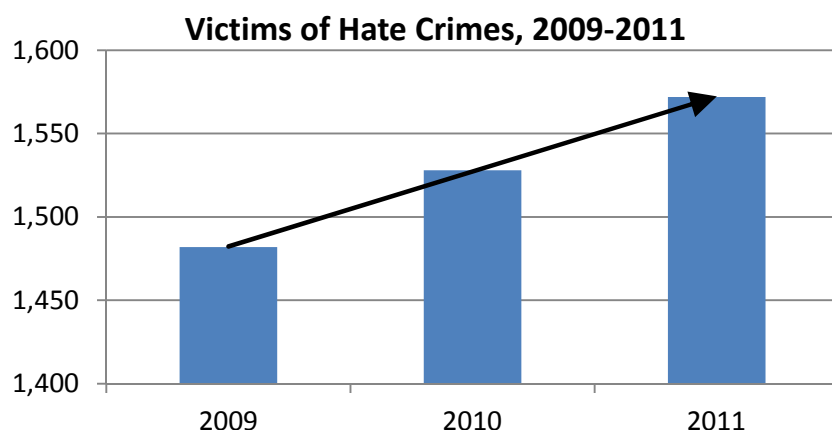*Figure 5*. Victims of Hate Crimes Based on Sexual Orientation, 2011

Figure 6. Total Victims of Hate Crimes Based on Sexual Orientation, 2009-2011 (FBI, 2012)

Since 2009, the FBI has indicated a steady increase in the number of victims of hate crimes reported based on sexual orientation (Federal Bureau of Investigation, 2012). Figure 2 illustrates the three year trend in the incidence of LGBT hate crimes (Note, data for previous years was not available). The State Bureau of Investigation does not currently report hate crimes on their Crime Statistics Web page (2013), so specific numbers on offenses related to hate crimes are not available.

Have any evidence-based programs been created?

A general internet search on service programs listed by the Center for Disease Control (2013) indicated that programs listed concentrated on school-related services for LGBTQ individuals.

A search of the Office of Victims of Crime's Directory of Crime Victims' Services did not result in any services available for victims of hate crimes. There were no services designated on the site as appropriate for LGBTQ victims (Office of Victims of Crime, 2013).

Are any programs (EBP, or otherwise) in use in North Carolina?

A search indicated a limited number of victims' services specifically for LGBTQ victims. The groups included Youth Outright based in Asheville and Project Rainbow Net in Durham (2013). The Charlotte-Mecklenburg Police Department listed two hotlines on their Website for LGBT victims to call, but did not list any local agencies that provided services (Charlotte-Mecklenburg Police Department, 2013). The majority of services listed were connected to school systems or colleges and universities. No evidence-based programs were located.

Summary

- It appears that most service providers are not currently providing customized services based on sexual orientation. Therefore, there are no evidence-based programs specific to the LGBTQ community.

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Appendix A. Counties in North Carolina that participate in Duke Endowment's evidence-based services and programs for children.

In North Carolina:

- Beaufort County
- Bertie County
- Cabarrus County
- Camden County
- Carteret County
- Catawba County
- Chowan County
- Cleveland County
- Craven County
- Currituck County
- Dare County
- Durham County
- Edgecombe County
- Gates County
- Greene County
- Guilford County
- Halifax County
- Hertford County
- Hyde County
- Lenoir County
- Martin County
- McDowell County
- Mecklenburg County
- Moore County
- New Hanover County
- Northampton County
- Orange County
- Pamlico County
- Pasquotank County
- Perquimans County
- Pitt County
- Polk County
- Robeson County
- Rutherford County
- Tyrrell County
- Wake County
- Washington County
- Wilson County